

AIR FORCE ASSOCIATION CAP Aerospace Educator Grant Application



DIRECTIONS: Please type or print the following information:

1 TEACHER/SCHOOL INFORMATION						
Last Name	First Name		ddle Initial	E-mail Address	AEM #	
School Address	City	State	Zip Code	Telephone Numb	per	
THE PURPOSE OR OBJECTIVE OF THE GRANT						
The grant money will be used to support: Topic(s) that will be addressed:						
Science	Engineering			pace		
Mathematics	Technology Rockets Other: Specify					
Other: Specify						
3 SPECIFIC DETAILS						
How will the grant money he	elp promote aerospace educati	ion in your class	room?			
4 OTHER INFORMATION						
Requested Funds (may rece	ive up to \$250.00)	Grade level:	Number of stu	dents who will ben	efit from the grant:	
If the funds will be used to vi	<u> </u>	ages list the nam	address toloph	one number and o	contact parcon of the	
organization. (This only appl	lies if you use the funds outsid	e of the school.	for example, to sur	one number, and coport a field trip to a	a museum, airport,	
Air Force Base, etc.)	,	,			, , ,	
Contact Person			Telephone Number	or.		
Contact i croon			relepriorie Numbi	51		
Street Address		City		State	Zip Code	
Street Address		VERIFICA	TION	State	Zip Code	
		VERIFICA	IION			
Signature of Principal			Printed Name of I	Principal		
Signature of Educator			Date			
	MAUL		UMENTO TO			
	MAIL	DR FAX DOC	UMENTS TO:			
HQ CAP/ED			QUESTIONS?			
105 South Hansell Street/ Building 714			Telephone: 334-953-7572			
Maxwell Air Force Base, Alabama 36112-6332			Fax: 334-953-4235			
Application for: Fall - Due 30 September E-mail: jmontgomery@cap.go					gomery@cap.gov	
	Spring - Due 31 Marc	h				